REQUEST FOR PATENT FEE REFUND					
1 Dat of Request: 2597 2 Serial/Patent # 8955373					
3 Please refund the following fee(s):		4 PAP	ER IBER	5 DATE FILED	6 AMOUNT
X	Filing				\$395,0
	Amendment				\$
	Extension of Time				\$
Notice of Appeal/Appeal					\$
	Petition				\$
	Issue				\$
	Cert of Correction/Terminal Disc.		-		\$
	Maintenance				\$
	Assignment				\$
	Other				\$
			7 TOTAL AMOUNT OF REFUND \$351		
		8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check			
X	Overpayment		C	redit Depo	osit A/C #:
	Duplicate Payment		9		
	No Fee Due (Explanation):				
11 REFUND REQUESTED BY:					
SIGNATURE:					
OFFICE: OFE					
THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: M. Jakob DATE: DATE:					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B